

14822

		Commonwealth of Massachusetts Registry of Vital Records and Statistics	State File #	2015 019801
0000048537		DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
Form R-309 07012014				

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>NIX, ANNE L</b>			
	Place of Death <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>			
	Date of Death <b>APRIL 21, 2015</b>	Date of Birth <b>MARCH 15, 1938</b>	Sex <b>FEMALE</b>	
	Residence <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
Branch of military (most recent) ---				
Date entered (most recent)		Date Discharged (most recent)	Service Number (most recent)	
---		---	---	
CERTIFIER	Certifier <b>PRAMOD CHIRALA, MD</b>		Lic # <b>41470</b>	
	Addr. <b>475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>			
	Immediate Cause of Death <b>CARDIAC ARREST</b>			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee <b>PHILLIP R. SHORT</b>	Lic # <b>50881</b>
	Facility. <b>WILLIAM R. SHORT &amp; SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>APRIL 23, 2015</b>
	Place/Address <b>ALL FAITHS CEMETERY AND CREMATORIUM, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>	

Endorsements				
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>019801</b>	Local Permit #	<b>E-PERMIT</b>	
	Date <b>APRIL 23, 2015</b>	Date	—	
Name of Agent —				
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) <b>Evergreen Cemetery Crem C114 135 Wilson Street Marlborough, MA 01752</b>	Signature 		
	Disposition Type <b>Crem Burial</b>	Date of Disposition <b>June 18, 2019</b>	Name of Superintendent or Authorized Designee: <b>Michael K. Urato</b>	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000018238

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 000009

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
REGISTRATION AND LICENSING OFFICE

2015 MAR 17 P 1:49

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ALAN, RAMON	SOUTHBOROUGH, MA	
	Place of Death	8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 02, 2015	Date of Birth	FEBRUARY 20, 1925
	Residence	8 JOHN MATTHEWS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	Sex	MALE
If U.S. veteran, specify war/conflict(s) (most recent) —				
Branch of military (most recent) —		Rank/organization/outfit (most recent) —		
Date entered (most recent) —		Date Discharged (most recent) —	Service Number (most recent) —	
CERTIFIER	Certifier GUY NAPOLITANA, MD			
	Addr. 41 MALL ROAD, BURLINGTON, MASSACHUSETTS 01805			
	Immediate Cause of Death CONGESTIVE HEART FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition JANUARY 05, 2015
	Place/Address MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138		

Endorsements			
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	000009	
	Date	Local Permit # 14-18	
		Date JANUARY 04, 2015	
	Name of Agent PAUL J. BERRY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Mount Auburn Cemetery & Crematory Cambridge, Ma		Signature  X
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JAN 8 2015</b>	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 001392

0000020177

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<b>Decedent Name</b>	<b>HINDS, SANDRA L.</b>		
	<b>Place of Death</b>	<b>10 PRENTISS STREET, SOUTHBOROUGH, MA</b>		
	<b>Date of Death</b>	<b>JANUARY 09, 2015</b>	<b>Date of Birth</b>	<b>JUNE 12, 1947</b>
	<b>Residence</b>	<b>10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>			
<i>Branch of military (most recent)</i> ---				
<i>Date entered (most recent)</i> ---		<i>Date Discharged (most recent)</i> ---	<i>Service Number (most recent)</i> ---	
<b>CERTIFIER</b>	<b>Certifier PATRICK GUADIZ, MD</b>			<b>Lic # 222979</b>
	<b>Addr. 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721</b>			
	<i>Immediate Cause of Death</i> <b>CORONARY ISCHEMIC HEART DISEASE</b>			

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<b>Funeral Licensee/ Designee NANCY G MORRIS</b>			<b>Lic # 50277</b>
	<b>Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			
	<b>Disposition Type CREMATION</b>		<b>Date of Disposition JANUARY 13, 2015</b>	
	<b>Place/Address</b> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			

<b>Endorsements</b>				
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	<b>State Tracking #</b>	<b>001392</b>	<b>Local Permit #</b>	<b>15-2</b>
	<b>Date</b>	<b>JANUARY 12, 2015</b>	<b>Date</b>	<b>JANUARY 12, 2015</b>
		<b>Name of Agent</b>		<b>PAUL J. BERRY</b>
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>	
			<i>X</i>	
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60556

		Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # 2015 001392	
0000020177		 <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		APPROVED	
Form R-309 07012014					
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	<b>Decedent Name</b> HINDS, SANDRA L <b>Place of Death</b> 10 PRENTISS STREET, SOUTHBOROUGH, MA <b>Date of Death</b> JANUARY 09, 2015 <b>Date of Birth</b> JUNE 12, 1947 <b>Sex</b> FEMALE <b>Residence</b> 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	<b>If U.S. veteran, specify war/conflict(s) (most recent)</b> NO <b>Branch of military (most recent)</b> _____ <b>Rank/organization/outfit (most recent)</b> _____ <b>Date entered (most recent)</b> _____ <b>Date Discharged (most recent)</b> _____ <b>Service Number (most recent)</b> _____				
CERTIFIER	<b>Certifier</b> PATRICK GUADIZ, MD <b>Lic #</b> 222979 <b>Addr.</b> 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721 <b>Immediate Cause of Death</b> <b>CORONARY ISCHEMIC HEART DISEASE</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	<b>Funeral Licensee/Designee</b> NANCY G MORRIS <b>Lic #</b> 50277 <b>Facility</b> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS <b>Disposition Type</b> CREMATION <b>Date of Disposition</b> JANUARY 13, 2015 <b>Place/Address</b> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
PERMIT	<b>Registry of Vital Records and Statistics</b> <b>State Tracking #</b> 001392		<b>Board of Health/Agent for: SOUTHBOROUGH</b> <b>Local Permit #</b> 15-2 <b>Date</b> JANUARY 12, 2015 <b>Name of Agent</b> PAUL J. BERRY		
	<b>Place of Disposition (Facility Name and Address)</b> <i>Rural Crematory 180 Grove Street Worcester, MA 01605</i>		<b>Signature</b> <i>X John H. Cobell</i>		
	<b>Disposition Type</b> Worcester, MA <b>Date of Disposition</b> JAN 19 2015		<b>Name of Superintendent or Authorized Designee:</b> <i>John H. Cobell</i>		
CONFIRMATION					

## Cremation

### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60556

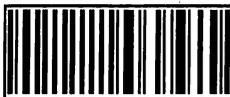
 0000020177 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	
		State File #	2015 001392
<i>RECEIVED SOUTHBOROUGH, MASSACHUSETTS</i>			
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	<b>Decedent Name</b> HINDS, SANDRA L. <b>Place of Death</b> 10 PRENTISS STREET, SOUTHBOROUGH, MA <b>Date of Death</b> JANUARY 09, 2015 <b>Date of Birth</b> JUNE 12, 1947 <b>Residence</b> 10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 <b>Sex</b> FEMALE	<b>SOUTHBOROUGH, MA</b>	
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <b>Branch of military (most recent)</b> — <b>Date entered (most recent)</b> —	<b>Rank/organization/outfit (most recent)</b> — <b>Date Discharged (most recent)</b> — <b>Service Number (most recent)</b> —	
<b>CERTIFIER</b>	<b>Certifier</b> PATRICK GUADIZ, MD <b>Addr.</b> 20 HOMER AVENUE, ASHLAND, MASSACHUSETTS 01721 <i>Immediate Cause of Death</i> CORONARY ISCHEMIC HEART DISEASE	<b>Lic #</b> 222979	
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	<b>Funeral Licensee/ Designee</b> NANCY G MORRIS <b>Facility</b> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS <b>Disposition Type</b> CREMATION <b>Place/Address</b> RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	<b>Lic #</b> 50277 <b>Date of Disposition</b> JANUARY 13, 2015	
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b> <b>State Tracking #</b> 001392 <b>Date</b> JANUARY 12, 2015	<b>Board of Health/Agent for: SOUTHBOROUGH</b> <b>Local Permit #</b> 15-2 <b>Date</b> JANUARY 12, 2015 <b>Name of Agent</b> PAUL J. BERRY	
<b>CONFIRMATION</b>	<i>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</i>		
	<b>Place of Disposition (Facility Name and Address)</b> Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#135A	<b>Signature</b> <i>Bridget A. Gieleney-DeCenzo</i> <i>X</i>	
<b>Disposition Type</b> burial of cremated remains	<b>Date of Disposition</b> July 23, 2015	<b>Name of Superintendent or Authorized Designee:</b> Bridget A. Gieleney-DeCenzo	

**Acceptance of Permit**

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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 008128

0000028573

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<b>Decedent Name</b>	DAKAI, EDWARD THOMAS				
	<b>Place of Death</b>	28 OREGON ROAD, SOUTHBOROUGH, MA				
	<b>Date of Death</b>	FEBRUARY 14, 2015	<b>Date of Birth</b>	JULY 12, 1946	<b>Sex</b>	MALE
	<b>Residence</b>	28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				

*If U.S. veteran, specify war/conflict(s) (most recent)*

VIETNAM

*Branch of military (most recent)*

MARINE CORPS

*Rank/organization/outfit (most recent)*

PFC

*Date entered (most recent)*

AUGUST 29, 1963

*Date Discharged (most recent)*

MARCH 14, 1968

*Service Number (most recent)*

2067114

<b>CERTIFIER</b>	<b>Certifier</b>	DAVID CARLSON, MD	<b>Lic #</b>	227107
	<b>Addr.</b>	33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	<i>Immediate Cause of Death</i>	METASTASIZED BLADDER CANCER		

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<b>Funeral Licensee/Designee</b>	NANCY G MORRIS	<b>Lic #</b>	50277
	<b>Facility</b>	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	<b>Disposition Type</b>	BURIAL	<b>Date of Disposition</b>	FEBRUARY 19, 2015
	<b>Place/Address</b>	BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532		

**Endorsements**

<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>	Board of Health/Agent for: SOUTHBOROUGH		
	<b>State Tracking #</b>	008128	<b>Local Permit #</b>	15-3
	<b>Date</b>	FEBRUARY 17, 2015	<b>Date</b>	FEBRUARY 17, 2015

*Name of Agent*

MICHELLE JENKINS

<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>
		X
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>

**Acceptance of Permit**

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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2015 JUL 10 PM 1:44

 		<b>Commonwealth of Massachusetts</b> <b>Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL</b> <b>OR TRANSPORTATION</b> <b>PERMIT</b>		State File # <b>T000028573</b> 2015 008128 FILE	
0000028573		Form R-309 07012014		SOUTHBOROUGH, MA	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	<b>Decedent Name</b>	DAKAI, EDWARD THOMAS			
	<b>Place of Death</b>	28 OREGON ROAD, SOUTHBOROUGH, MA			
Date of Death	FEBRUARY 14, 2015		<b>Date of Birth</b>	JULY 12, 1946	
			<b>Sex</b>	MALE	
Residence	28 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>VIETNAM</b> <i>Branch of military (most recent)</i> <b>MARINE CORPS</b> <i>Date entered (most recent)</i> <b>AUGUST 29, 1963</b>				
CERTIFIER	<i>Rank/organization/outfit (most recent)</i> <b>PFC</b>		<i>Date Discharged (most recent)</i> <b>MARCH 14, 1968</b>		
			<i>Service Number (most recent)</i> <b>2067114</b>		
<i>Lic #</i> <b>227107</b> <b>Certifier</b> DAVID CARLSON, MD <b>Addr.</b> 33 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581					
<i>Immediate Cause of Death</i> <b>METASTASIZED BLADDER CANCER</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
DISPOSITION	<i>Funeral Licensee/Designee</i> NANCY G MORRIS		<i>Lic #</i> <b>50277</b>		
	<i>Facility</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
PERMIT	<i>Disposition Type</i> BURIAL		<i>Date of Disposition</i> FEBRUARY 19, 2015		
	<i>Place/Address</i> <b>BOURNE NATIONAL CEMETERY, CONERY AVENUE, BOURNE, MASSACHUSETTS 02532</b>				
<b>Endorsements</b>					
CONFIRMATION	<i>Registry of Vital Records and Statistics</i>		<i>Board of Health/Agent for: SOUTHBOROUGH</i>		
	<i>State Tracking #</i> <b>008128</b>		<i>Local Permit #</i> <b>15-3</b>		
	<i>Date</i> <b>FEBRUARY 17, 2015</b>		<i>Date</i> <b>FEBRUARY 17, 2015</b>		
<i>Name of Agent</i> <b>MICHELLE JENKINS</b>					
<i>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</i>					
<i>Place of Disposition (Facility) Name and Address</i> <b>INTERRED</b>			<i>Signature</i> 		
<i>Disposition Type</i> <b>MASSACHUSETTS NATIONAL CEMETERY, BOURNE, MA</b> <i>Date of Disposition</i> <b>19.15</b>			<i>Name of Superintendent or Authorized Designee:</i>		

#### Acceptance of Permit

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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION**  
**PERMIT**

State File #

2015 008183

0000029188

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

DECEDENT	Decedent Name	MELEONES , HELEN ---				
	Place of Death	71 OAKHILL ROAD, SOUTHBOROUGH, MA				
	Date of Death	FEBRUARY 16, 2015	Date of Birth	APRIL 22, 1930	Sex	FEMALE
	Residence	71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---			Rank/organization/outfit(most recent) ---			
Date entered(most recent) ---		Date Discharged(most recent) ---		Service Number(most recent) ---		
CERTIFIER	Certifier EDWARD P. HOFFER, MD			Lic # 35453		
	Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702					
	Immediate Cause of Death LUNG CANCER					

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition FEBRUARY 23, 2015	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 008183		Local Permit # 15-4		
	Date FEBRUARY 17, 2015		Date FEBRUARY 17, 2015		
			Name of Agent MICHELLE JENKINS		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature	
				X	
Disposition Type		Date of Disposition		Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000029188 Form R-309 07012014		<b>Commonwealth of Massachusetts</b> <b>Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL</b> <b>OR TRANSPORTATION</b> <b>PERMIT</b>	
		State File #	2015 008183
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	Decedent Name <b>MELEONES, HELEN</b> Place of Death <b>71 OAKHILL ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>FEBRUARY 16, 2015</b> Date of Birth <b>APRIL 22, 1930</b> Sex <b>FEMALE</b> Residence <b>71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) <b>—</b> Date entered (most recent) <b>—</b> Date Discharged (most recent) <b>—</b> Service Number (most recent) <b>—</b>		
<b>CERTIFIER</b>	Certifier <b>EDWARD P. HOFFER, MD</b> Lic # <b>35453</b> Addr. <b>655 CONCORD STREET, FRAMINGHAM, MASSACHUSETTS 01702</b> Immediate Cause of Death <b>LUNG CANCER</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>FEBRUARY 23, 2015</b> Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
<b>DISPOSITION PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>008183</b> Local Permit # <b>15-4</b> Date <b>FEBRUARY 17, 2015</b> Date <b>FEBRUARY 17, 2015</b> Name of Agent <b>MICHELLE JENKINS</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery, Southborough, MA</b> Sec. G, Grv#15 Disposition Type <b>Full Earth Burial</b>		Signature  X <b>Bridget A. Gilleney-DeCenzo</b> Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 009886

0000030851

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<b>Decedent Name</b>	<b>BURGESS , JANICE MARY</b>		
	<b>Place of Death</b>	<b>20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA</b>		
	<b>Date of Death</b>	<b>FEBRUARY 23, 2015</b>	<b>Date of Birth</b>	<b>APRIL 30, 1953</b>
	<b>Residence</b>	<b>20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>				
<i>Branch of military (most recent)</i> ---				
<i>Rank/organization/outfit (most recent)</i> ---				
<i>Date entered (most recent)</i> ---				
<i>Date Discharged (most recent)</i> ---				
<i>Service Number (most recent)</i> ---				
<b>CERTIFIER</b>	<b>Certifier</b>			<b>SUSANA MARIA CAMPOS, MD</b>
	<b>Addr.</b>			<b>450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>
	<i>Immediate Cause of Death</i>			<b>OVARIAN CANCER</b>

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<b>Funeral Licensee/Designee</b>			<b>EUGENE J MCCARTHY, JR</b>	
	<i>Lic #</i>				<b>5369</b>
	<b>Facility</b>				<b>EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>
	<b>Disposition Type</b>				<b>BURIAL</b>
<i>Date of Disposition</i>					
<b>Date of Disposition</b>					
<i>Place/Address</i>					
<b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					

<b>Endorsements</b>				
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	<b>State Tracking #</b>	<b>009886</b>	<b>Local Permit #</b>	<b>15-5</b>
	<b>Date</b>	<b>FEBRUARY 25, 2015</b>	<b>Date</b>	<b>FEBRUARY 25, 2015</b>
	<i>Name of Agent</i>			
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>	
			<i>X</i>	
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 009886

0000030851

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	Decedent Name <b>BURGESS , JANICE MARY</b>				
	Place of Death <b>20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>FEBRUARY 23, 2015</b>	Date of Birth <b>APRIL 30, 1953</b>	Sex <b>FEMALE</b>		
	Residence <b>20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>					
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---			
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---		
<b>CERTIFIER</b>	<b>Certifier SUSANA MARIA CAMPOS, MD</b>			Lic # <b>81482</b>	
	<b>Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>				
	<b>Immediate Cause of Death OVARIAN CANCER</b>				

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/Designee <b>EUGENE J MCCARTHY, JR</b>			Lic # <b>5369</b>	
	Facility. <b>EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>FEBRUARY 27, 2015</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				

**Endorsements**

<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	State Tracking #	<b>009886</b>	Local Permit #	<b>15-5</b>
	Date	<b>FEBRUARY 25, 2015</b>	Date	<b>FEBRUARY 25, 2015</b>
			Name of Agent	<b>MICHELLE JENKINS</b>
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery Southborough, MA 01772 Sec. M, Grv#365</b>		Signature 	
	Disposition Type <b>Full Earth Burial</b>	Date of Disposition <b>February 27, 2015</b>	Name of Superintendent or Authorized Designee: <b>Bridget A. Gilleney-DeCenzo</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000034915 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		
		State File # 2015 012433 OCME CASE # 2015-3276		
<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	Decedent Name <b>WAUGH, BEATRICE</b> Place of Death <b>261 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>MARCH 09, 2015</b> Date of Birth <b>MAY 11, 1918</b> Sex <b>FEMALE</b> Residence <b>261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>---</b> <i>Rank/organization/outfit (most recent)</i> <b>---</b> <i>Date entered (most recent)</i> <b>---</b> <i>Date Discharged (most recent)</i> <b>---</b> <i>Service Number (most recent)</i> <b>---</b>			
	<b>CERTIFIER</b>	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b> Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>		
		<i>Immediate Cause of Death</i> <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>MARCH 12, 2015</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
	<b>Endorsements</b>			
	<b>PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>012433</b> Local Permit # <b>15-6</b> Date <b>MARCH 11, 2015</b> Date <b>MARCH 11, 2015</b> Name of Agent <b>MICHELLE JENKINS</b>		
		<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
Place of Disposition (Facility Name and Address)   <i>X</i>		<i>Signature</i>		
<b>CONFIRMATION</b>	<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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 0000034915 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION</b> <b>PERMIT</b> <small>OCME CASE # 2015-3276</small>		State File # <b>2015 012433</b> <small>SEARCHED</small> <small>INDEXED</small> <small>FILED</small> <small>MAILED</small> <small>OFFICE</small>
				2015 MAR 24 P : 51 SOUTHBOROUGH, MA
<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	Decedent Name <b>WAUGH, BEATRICE</b> Place of Death <b>261 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>MARCH 09, 2015</b> Residence <b>261 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	Date of Birth <b>MAY 11, 1918</b> Sex <b>FEMALE</b> <small>If U.S. veteran, specify war/conflict(s) (most recent)</small> <b>NO</b> <small>Branch of military (most recent)</small> <b>—</b> <small>Date entered (most recent)</small> <b>—</b> <small>Rank/organization/outfit (most recent)</small> <b>—</b> <small>Date Discharged (most recent)</small> <b>—</b> <small>Service Number (most recent)</small> <b>—</b>			
<b>CERTIFIER</b>	Certifier <b>RICHARD J. EVANS, MD</b> Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b> <small>Immediate Cause of Death</small> <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>			
	Lic # <b>58622</b>			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
	Date of Disposition <b>MARCH 12, 2015</b>			
<b>Endorsements</b>				
<b>PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>612433</b> Date <b>MARCH 11, 2015</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>15-6</b> Date <b>MARCH 11, 2015</b> Name of Agent <b>MICHELLE JENKINS</b>	
	<small>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</small> <small>Place of Disposition (City, Name and Address)</small> <small>Rural Cemetery 180 Grove Street Worcester, MA 01605</small>			
<b>CONFIRMATION</b>	Disposition Type <b>Cremation</b>	Date of Disposition <b>MAR 17 2015</b>	Name of Superintendent or Authorized Designee: <small>John H. Cobill</small>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

0000036232

Form R-309 07012014

State File #

2015 012921

**Information necessary for the Certificate of Death has been completed for:**

DECEDENT	<i>Decedent Name</i> <b>COLDWELL, STEPHEN OWEN</b>		
	<i>Place of Death</i> <b>85 MIDDLE ROAD, SOUTHBOROUGH, MA</b>		
Date of Death	<b>MARCH 13, 2015</b>	<i>Date of Birth</i> <b>MAY 07, 1939</b>	<i>Sex</i> <b>MALE</b>
	<i>Residence</i> <b>85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>			
<i>Branch of military (most recent)</i> ---		<i>Rank/organization/outfit (most recent)</i> ---	
<i>Date entered (most recent)</i> ---		<i>Date Discharged (most recent)</i> ---	<i>Service Number (most recent)</i> ---
CERTIFIER	<i>Certifier</i> <b>LAKSHMI NAYAK, MD</b> <i>Addr.</i> <b>450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>		
	<i>Immediate Cause of Death</i> <b>MALIGNANT GLIOMA</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			

DISPOSITION	<i>Funeral Licensee/Designee</i> <b>NANCY G MORRIS</b>		<i>Lic #</i> <b>50277</b>
	<i>Facility</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	<i>Disposition Type</i> <b>BURIAL</b>		<i>Date of Disposition</i> <b>MARCH 18, 2015</b>
	<i>Place/Address</i> <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		

<b>Endorsements</b>				
PERMIT	<i>Registry of Vital Records and Statistics</i>		<i>Board of Health/Agent for: SOUTHBOROUGH</i>	
	<i>State Tracking #</i>	<b>012921</b>	<i>Local Permit #</i>	<b>15-7</b>
	<i>Date</i>	<b>MARCH 13, 2015</b>	<i>Date</i>	<b>MARCH 16, 2015</b>
		<i>Name of Agent</i> <b>MICHELLE JENKINS</b>		
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>	
			X	
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		<b>Commonwealth of Massachusetts</b> <b>Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL</b> <b>OR TRANSPORTATION</b> <b>PERMIT</b>		<b>State File #</b> <b>2015 012921</b> <b>RECEIVED</b> <b>MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH</b> <b>SOUTH BOROUGH, MASSACHUSETTS</b> <i>119</i>	
0000036232		Form R-309 07012014		2015 MAR 25 A 11: 20	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	<b>Decedent Name</b>	<b>COLDWELL, STEPHEN OWEN</b>			
	<b>Place of Death</b>	<b>85 MIDDLE ROAD, SOUTHBOROUGH, MA</b>			
	<b>Date of Death</b>	<b>MARCH 13, 2015</b>	<b>Date of Birth</b>	<b>MAY 07, 1939</b>	
	<b>Residence</b>	<b>85 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
<b>CERTIFIER</b>	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i>		<i>MA</i>		
	<b>NO</b>				
	<i>Branch of military (most recent)</i>		<i>Rank/organization/outfit (most recent)</i>		
	<i>—</i>		<i>—</i>		
<b>DISPOSITION</b>	<b>Date entered (most recent)</b>	<b>Date Discharged (most recent)</b>	<b>Service Number (most recent)</b>		
	<i>—</i>	<i>—</i>	<i>—</i>		
	<b>Certifier LAKSHMI NAYAK, MD</b>			<b>Lic # 247880</b>	
	<b>Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>				
<b>PERMIT</b>	<i>Immediate Cause of Death</i>				
	<b>MAGLIGNANT GLIOMA</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
	<b>Funeral Licensee/Designee NANCY G MORRIS</b>		<b>Lic # 50277</b>		
<b>Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>					
<b>Disposition Type BURIAL</b>		<b>Date of Disposition MARCH 18, 2015</b>			
<b>Place/Address</b> <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
<b>Endorsements</b>					
<b>CONFIRMATION</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	<b>State Tracking # 012921</b>		<b>Local Permit # E-PERMIT</b>		
	<b>Date MARCH 13, 2015</b>		<b>Date</b>	<b>—</b>	
			<b>Name of Agent</b>	<b>—</b>	
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>					
<b>Place of Disposition (Facility Name and Address)</b> Rural Cemetery Southborough, MA 01772 Sec. 5, Lot 13-A, Grv#1			<b>Signature</b> 		
<b>Disposition Type</b> <b>Full Earth Burial</b>		<b>Date of Disposition</b> <b>March 18, 2015</b>	<b>Name of Superintendent or Authorized Designee:</b> <b>Bridget A. Gilleney-DeCenzo</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION**  
**PERMIT**

0000037832

Form R-309 07012014

State File #

2015 016243

OCME CASE # 2015-3635

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEASED</b>	Decedent Name	FERRIS , DONALD F		
	Place of Death	6 ANDREWS WAY, SOUTHBOROUGH, MA		
	Date of Death	MARCH 17, 2015	Date of Birth	MARCH 13, 1945
	Residence	6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) <b>UNKNOWN</b>				
Branch of military (most recent) <b>MARINE CORPS</b>				
Date entered (most recent) ---		Date Discharged (most recent) ---	Service Number (most recent) ---	
<b>CERTIFIER</b>	Certifier RICHARD J. EVANS, MD			
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655			
Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>				

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/ Designee JOHN PROWE		Lic # 5375
	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition APRIL 03, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

<b>Endorsements</b>			
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 016243		Local Permit # 15-8
	Date APRIL 02, 2015		Date APRIL 02, 2015
			Name of Agent MICHELLE JENKINS
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61188

 0000037832 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION</b> <b>PERMIT</b> State File # 2015 016243 ED OCME CASE # 2015-3635 2015 APR 30 A 9:12	
		SOUTHBOROUGH, MA	
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	<b>Decedent Name</b> FERRIS, DONALD F <b>Place of Death</b> 6 ANDREWS WAY, SOUTHBOROUGH, MA <b>Date of Death</b> MARCH 17, 2015 <b>Residence</b> 6 ANDREWS WAY, SOUTHBOROUGH, MASSACHUSETTS 01772	<b>Date of Birth</b> MARCH 13, 1945 <b>Sex</b> MALE	
	<b>If U.S. veteran, specify war/conflict(s) (most recent)</b> UNKNOWN <b>Branch of military (most recent)</b> MARINE CORPS <b>Date entered (most recent)</b> —	<b>Rank/organization/outfit (most recent)</b> —	<b>Date Discharged (most recent)</b> —
<b>CERTIFIER</b>	<b>Certifier</b> RICHARD J. EVANS, MD <b>Addr.</b> 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655	<b>Lic #</b> 58622	
	<b>Immediate Cause of Death</b> ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>		
<b>DISPOSITION</b>	<b>Funeral Licensee/Designee</b> JOHN P ROWE	<b>Lic #</b> 5375	
	<b>Facility</b> JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS		
	<b>Disposition Type</b> CREMATION	<b>Date of Disposition</b> APRIL 03, 2015	
	<b>Place/Address</b> RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>	<b>Board of Health/Agent for: SOUTHBOROUGH</b>	
	<b>State Tracking #</b> 016243	<b>Local Permit #</b> E-PERMIT	
	<b>Date</b> APRIL 02, 2015	<b>Date</b> —	
		<b>Name of Agent</b> —	
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
<b>CONFIRMATION</b>	<b>Place of Disposition (Facility Name and Address)</b> <i>Rural Cemetery 180 Grove Street Worcester, MA 01605</i>	<b>Signature</b> <i>John H. Cobill</i> <i>X</i>	
	<b>Disposition Type</b> Cremation	<b>Date of Disposition</b> APR 02 2015	<b>Name of Superintendent or Authorized Designee:</b> <i>John H. Cobill</i>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 019801

0000048537

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	Decedent Name <b>NIX, ANNE L</b>		
	Place of Death <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>APRIL 21, 2015</b>	Date of Birth <b>MARCH 15, 1938</b>	Sex <b>FEMALE</b>
	Residence <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS</b>		
If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
Branch of military (most recent) ---			
Rank/organization/outfit (most recent) ---			
Date entered (most recent) ---			
Date Discharged (most recent) ---			
Service Number (most recent) ---			
<b>CERTIFIER</b>	Certifier <b>PRAMOD CHIRALA, MD</b>		
	Addr. <b>475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	Lic # <b>41470</b>		
Immediate Cause of Death <b>CARDIAC ARREST</b>			

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/Designee <b>PHILLIP R. SHORT</b>		
	Lic # <b>50881</b>		
	Facility. <b>WILLIAM R. SHORT &amp; SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		
Date of Disposition <b>APRIL 23, 2015</b>			
Place/Address <b>ALL FAITHS CEMETERY AND CREMATORIUM, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>			

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>019801</b>		Local Permit # <b>15-9</b>
	Date <b>APRIL 23, 2015</b>		Date <b>APRIL 23, 2015</b>
			Name of Agent <b>MICHELLE JENKINS</b>
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)		Signature <i>X</i>	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

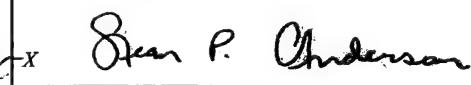
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

14822

 0000048537 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2015 019801</b>	<b>RECEIVED</b>	
				<b>SOUTHBOROUGH, MA</b>	<b>2015 MAY 12 P 2:02</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>						
<b>DECEDENT</b>	<b>Decedent Name</b> <b>NIX, ANNE L</b> <b>Place of Death</b> <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MA</b> <b>Date of Death</b> <b>APRIL 21, 2015</b> <b>Residence</b> <b>271 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS</b>			<b>Date of Birth</b> <b>MARCH 15, 1938</b>	<b>Sex</b> <b>FEMALE</b>	
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>					
	<i>Branch of military (most recent)</i> <b>—</b>		<i>Rank/organization/outfit (most recent)</i> <b>—</b>			
	<i>Date entered (most recent)</i> <b>—</b>		<i>Date Discharged (most recent)</i> <b>—</b>	<i>Service Number (most recent)</i> <b>—</b>		
<b>CERTIFIER</b>	<b>Certifier</b> <b>PRAMOD CHIRALA, MD</b> <b>Addr.</b> <b>475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>			<b>Lic #</b> <b>41470</b>		
	<i>Immediate Cause of Death</i> <b>CARDIAC ARREST</b>					
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	<b>Funeral Licensee/Designee</b> <b>PHILLIP R. SHORT</b> <b>Facility</b> <b>WILLIAM R. SHORT &amp; SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>			<b>Lic #</b> <b>50881</b>		
	<b>Disposition Type</b> <b>CREMATION</b>			<b>Date of Disposition</b> <b>APRIL 23, 2015</b>		
	<i>Place/Address</i> <b>ALL FAITHS CEMETERY AND CREMATORIAL, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603</b>					
	<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b> <b>State Tracking #</b> <b>019801</b> <b>Date</b> <b>APRIL 23, 2015</b>		<b>Board of Health/Agent for:</b> <b>SOUTHBOROUGH</b> <b>Local Permit #</b> <b>E-PERMIT</b> <b>Date</b> <b>—</b> <b>Name of Agent</b> <b>—</b>			
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>					
	<i>Place of Disposition (Facility Name and Address)</i> <b>All Faiths Crematory Worcester</b>			<i>Signature</i> 		
	<i>Disposition Type</i> <b>Cremation</b>		<i>Date of Disposition</i> <b>4/24/2015</b>	<i>Name of Superintendent or Authorized Designee:</i> <b>Sean P. Anderson</b>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 023029

0000052478

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name	COLDWELL, RAYMOND E				
	Place of Death	83 MIDDLE ROAD, SOUTHBOROUGH, MA				
	Date of Death	MAY 11, 2015	Date of Birth	MARCH 06, 1941	Sex	MALE
	Residence	83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---						
Rank/organization/outfit (most recent) ---						
Date entered (most recent) ---						
Date Discharged (most recent) ---						
Service Number (most recent) ---						
<b>CERTIFIER</b>	Certifier CONNIE R DREXLER, MD			Lic # 71130		
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532					
	In immediate cause of death MESOTHELIOMA					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/Designee JOHN P ROWE			Lic # 5375
	Facility: JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition MAY 14, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 023029		Local Permit # 15-10	
	Date MAY 12, 2015		Date MAY 13, 2015	
	Name of Agent MICHELLE JENKINS			
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
			X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

61506

 0000052478 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION</b> <b>PERMIT</b>		State File # 2015 023029 <b>RECEIVED</b> 2015 MAY 26 P 5:57 SOUTHBOROUGH, MA
		<b>Information necessary for the Certificate of Death has been completed for:</b>		
DECEDENT	<b>Decedent Name</b> COLDWELL, RAYMOND E <b>Place of Death</b> 83 MIDDLE ROAD, SOUTHBOROUGH, MA <b>Date of Death</b> MAY 11, 2015 <b>Residence</b> 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	<b>Date of Birth</b> MARCH 06, 1941 <b>Sex</b> MALE		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Rank/organization/outfit (most recent)</i> --- <i>Service Number (most recent)</i> ---			
CERTIFIER	<b>Certifier</b> CONNIE R DREXLER, MD <b>Addr.</b> 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532	<b>Lic #</b> 71130		
	<i>Immediate Cause of Death</i> MESOTHELIOMA			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	<b>Funeral Licensee/Designee</b> JOHN PROWE <b>Facility</b> JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS <b>Disposition Type</b> CREMATION <b>Place/Address</b> RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			<b>Lic #</b> 5375 <b>Date of Disposition</b> MAY 14, 2015
	<b>Endorsements</b>			
PERMIT	<b>Registry of Vital Records and Statistics</b> <b>State Tracking #</b> 023029 <b>Date</b> MAY 12, 2015	<b>Board of Health/Agent for: SOUTHBOROUGH</b> <b>Local Permit #</b> E-PERMIT <b>Date</b> --- <b>Name of Agent</b> ---		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
CONFIRMATION	<b>Place of Disposition (Facility Name and Address)</b> Rural Cemetery 180 Grove Street Worcester, MA 01605	<b>Signature</b> X <i>John H. Cobell</i>		
	<b>Disposition Type</b> Cremation <b>Date of Disposition</b> MAY 15 2015	<b>Name of Superintendent or Authorized Designee:</b> <i>John H. Cobell</i>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 025857

0000055713

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

DECEDENT	Decedent Name	PENDERGAST , JOHN W				
	Place of Death	3 SKYLAR DRIVE, SOUTHBOROUGH, MA				
	Date of Death	MAY 28, 2015	Date of Birth	NOVEMBER 21, 1951	Sex	MALE
	Residence	3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO					
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---		
CERTIFIER	Certifier NAHIDA ISLAM, MD			Lic # 246494		
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655					
	Immediate Cause of Death ESOPHAGEAL ADENECARCINOMA METASTATIC					

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

DISPOSITION	Funeral Licensee/Designee STEPHEN F. GEMELLI			Lic # 6280
	Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS			
	Disposition Type CREMATION		Date of Disposition JUNE 01, 2015	
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

**Endorsements**

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 025857		Local Permit # 15-11	
	Date JUNE 01, 2015		Date JUNE 01, 2015	
	Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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			Commonwealth of Massachusetts Registry of Vital Records and Statistics	State File #	2015 025857
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0000055713

Form R-309 07012014

**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

2015 JUN 18 A 8:23

RECEIVED

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name	PENDERGAST, JOHN W		SOUTHBOROUGH, MA	
	Place of Death	3 SKYLAR DRIVE, SOUTHBOROUGH, MA			
	Date of Death	MAY 28, 2015		Date of Birth	NOVEMBER 21, 1951
	Residence	3 SKYLAR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		Sex	MALE
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---			Rank/organization/outfit (most recent) ---		
Date entered (most recent) ---		Date Discharged (most recent) ---	Service Number (most recent) ---		
<b>CERTIFIER</b>	Certifier NAHIDA IS LAM, MD		Lic # 246494		
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
	Immediate Cause of Death ESOPHAGEAL ADENECARCINOMA METASTATIC				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/Designee STEPHEN F. GEMELLI		Lic # 6280
	Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition JUNE 01, 2015
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 025857	Local Permit #	E-PERMIT
	Date JUNE 01, 2015	Date	---
Name of Agent ---			

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Signature X <i>John H. Cobell</i>	
Disposition Type Cremation	Date of Disposition JUN 01 2015	Name of Superintendent or Authorized Designee: <i>John H. Cobell</i>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2015 030731

0000061806

Form R-309 07012014

## Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	VANNI, ALMA LEOLA			
	Place of Death	199 PARKERVILLE ROAD, SOUTHBOROUGH, MA			
	Date of Death	JUNE 29, 2015	Date of Birth	FEBRUARY 27, 1934	
	Residence	199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) --		Rank/organization/outfit(most recent) --		
	Date entered(most recent) --	Date Discharged (most recent) --	Service Number(most recent) --		
	Certifier ALLA BOLKHOVSKY, MD Addr. 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701		Lic # 50367		
Immediate Cause of Death METASTATIC BREAST CANCER					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type	BURIAL	Date of Disposition	JULY 07, 2015
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	030731	
	Date	JULY 01, 2015	
Name of Agent		JAMES F. HEGARTY	

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)		Signature  X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000061806

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 030731

RECEIVED

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Information necessary for the Certificate of Death has been completed for:

2015 JUL -9 A 9:32

DECEDENT	Decedent Name	VANNI, ALMA LEOLA		SOUTHBOROUGH, MA
	Place of Death	199 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	JUNE 29, 2015	Date of Birth	FEBRUARY 27, 1934
	Residence	199 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
Branch of military (most recent)	Rank/organization/outfit (most recent)			
Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)		
CERTIFIER				
Certifier ALLA BOLKHOVSKY, MD Lic # 50367				
Addr. 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701				
Immediate Cause of Death METASTATIC BREAST CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS		Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition JULY 07, 2015	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 030731		Local Permit # E-PERMIT	
	Date JULY 01, 2015		Date —	
			Name of Agent —	
CONFIRMATION				
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. 1-C, Lot C-1, Gry#3			Signature 	
Disposition Type Full Earth Burial		Date of Disposition July 7, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2015 031207

0000062689

Form R-309 07012014

## Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LEVANGIE , ROBERT FRANCIS				
	Place of Death	3 MAPELCREST DRIVE, SOUTHBOROUGH, MA				
	Date of Death	JULY 04, 2015	Date of Birth	APRIL 23, 1938	Sex	MALE
	Residence	3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---						
Rank/organization/outfit (most recent) ---						
Date entered (most recent) ---						
Date Discharged (most recent) ---						
Service Number (most recent) ---						
CERTIFIER	Certifier JUSTIN DORFMAN, DO					Lic # 226691
	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772					
	Immediate Cause of Death INVASIVE ORAL CANCER					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL			Date of Disposition JULY 08, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

## Endorsements

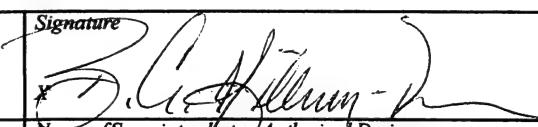
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 031207		Local Permit # 15-13	
	Date JULY 06, 2015		Date JULY 07, 2015	
	Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
			X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		<b>Commonwealth of Massachusetts Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		<b>State File #</b> <b>2015 031207</b>	
0000062689 Form R-309 07012014					
<b>Information necessary for the Certificate of Death has been completed for:</b> <b>2015 JUL - 9 : A. 9:32</b>					
<b>DECEDENT</b>	<b>Decedent Name</b>	LEVANGIE, ROBERT FRANCIS			
	<b>Place of Death</b>	3 MAPELCREST DRIVE, SOUTHBOROUGH, MA			SOUTHBOROUGH, MA
	<b>Date of Death</b>	JULY 04, 2015	<b>Date of Birth</b>	APRIL 23, 1938	
	<b>Residence</b>	3 MAPELCREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772			<b>Sex</b> MALE
<b>CERTIFIER</b>	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO				
	<i>Branch of military (most recent)</i>		<i>Rank/organization/outfit (most recent)</i>		
	<i>Date entered (most recent)</i>	<i>Date Discharged (most recent)</i>	<i>Service Number (most recent)</i>		
	Certifier JUSTIN DORFMAN, DO Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				Lic # 226691
<i>Immediate Cause of Death</i> <b>INVASIVE ORAL CANCER</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee NANCY G MORRIS				Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL				Date of Disposition JULY 08, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 031207		Local Permit # E-PERMIT		
	Date JULY 06, 2015		Date —		
			Name of Agent —		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. I, Grv#218		Signature 		
	Disposition Type Full Earth Burial	Date of Disposition July 8, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 034806

0000066632

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name	HARNEY , MARI-JO CHARLEBOIS				
	Place of Death	47 GLEN COURT, SOUTHBOROUGH, MA				
	Date of Death	JULY 24, 2015	Date of Birth	NOVEMBER 30, 1947	Sex	FEMALE
	Residence	47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged(most recent) ---		Service Number(most recent) ---		
<b>CERTIFIER</b>	Certifier ANDREW ZHU, MD			Lic # 206924		
	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114					
	Immediate Cause of Death CHOLANGIOPANCREATIC CARCINOMA					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

<b>DISPOSITION</b>	Funeral Licensee/Designee WILLIAM L. LAWLER			Lic # 6262
	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition JULY 31, 2015
	Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131			

<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking #	034806			Local Permit # 15-14
	Date	JULY 29, 2015			Date JULY 29, 2015
					Name of Agent JAMES F. HEGARTY
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
Place of Disposition (Facility Name and Address)			Signature		
			X		
Disposition Type		Date of Disposition		Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		<b>Commonwealth of Massachusetts</b> <b>Registry of Vital Records and Statistics</b> <b>DISPOSITION, REMOVAL</b> <b>OR TRANSPORTATION</b> <b>PERMIT</b>		<i>RECEIVED</i> <i>2015 AUG 28 AM 11:02</i>	
		<i>State File #</i> <b>2015 034806</b>	<i>2015 AUG 28 AM 11:02</i>	<i>SOUTHBOROUGH, MASSACHUSETTS</i>	
0000066632 Form R-309 07012014					
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>HARNEY, MARI-JO CHARLEBOIS</b> Place of Death <b>47 GLEN COURT, SOUTHBOROUGH, MA</b> Date of Death <b>JULY 24, 2015</b> Date of Birth <b>NOVEMBER 30, 1947</b> Sex <b>FEMALE</b> Residence <b>47 GLEN COURT, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>---</b> <i>Date entered (most recent)</i> <b>---</b>				
<b>CERTIFIER</b>	Certifier <b>ANDREW ZHU, MD</b> Lic # <b>206924</b> Addr. <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>				
	<i>Immediate Cause of Death</i> <b>CHOLANGIOPANCREATIC CARCINOMA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>WILLIAM L. LAWLER</b> Lic # <b>6262</b> Facility <b>LAWLER &amp; CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 31, 2015</b> Place/Address <b>ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>				
	<b>Endorsements</b>				
	<b>PERMIT</b>	Registry of Vital Records and Statistics <b>State Tracking # 034806</b> Date <b>JULY 29, 2015</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> <i>Local Permit #</i> <b>E-PERMIT</b> <i>Date</i> <b>---</b> <i>Name of Agent</i> <b>---</b>	
		<i>Place of Disposition (Facility Name and Address)</i> <b>St. Michael Crematory 500 Canterbury Street Boston, MA 02131</b>		<i>Signature</i> <i>X</i> 	
<i>Disposition Type</i> <b>Cremation</b>		<i>Date of Disposition</i> <b>8/31/15</b>			
<i>Name of Superintendent or Authorized Designee:</i> <b>Michael D. Sheehan G.M.</b>					

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics

State File #

2015 041013

0000075562

Form R-309 07012014

DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	FALCONI , RICHARD E.		
	Place of Death	14 NEWTON STREET, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 09, 2015	Date of Birth	SEPTEMBER 19, 1945
	Residence	14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---	
CERTIFIER	Certifier SAQIB QURESHI, MD			Lic # 1519971
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532			
	Immediate Cause of Death RESPIRATORY FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition SEPTEMBER 14, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 041013		Local Permit # 15-15
	Date SEPTEMBER 10, 2015		Date SEPTEMBER 10, 2015
			Name of Agent JAMES F. HEGARTY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 041013

DISPOSED

0000075562

Form R-309 07012014

2015 SEP 10 A 75H

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	FALCONI, RICHARD E.		
	Place of Death	14 NEWTON STREET, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 09, 2015	Date of Birth	SEPTEMBER 19, 1945
	Residence	14 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) --- Date entered (most recent) ---				
Rank/organization/outfit (most recent) --- Date Discharged (most recent) --- Service Number (most recent) ---				
CERTIFIER	Certifier SAQIB QURESHI, MD			Lic # 1519971
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532			
Immediate Cause of Death RESPIRATORY FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL			Date of Disposition SEPTEMBER 14, 2015
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 041013		Local Permit # 15-15	
	Date SEPTEMBER 10, 2015		Date SEPTEMBER 10, 2015	
	Name of Agent JAMES F. HEGARTY			
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough MA. 01772		Signature X George J. Mooney III	
	Disposition Type Full Body	Date of Disposition 9/14/2015	Name of Superintendent or Authorized Designee: George J. Mooney III	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		<i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2015.040379</b> <i>2015 SEP 16 A 7:56 AM</i>	
0000074914 Form R-309 07012014					
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>PIPER, DONNA J.</b> Place of Death <b>MARLBOROUGH HOSPITAL, MARLBOROUGH, MA</b> Date of Death <b>SEPTEMBER 06, 2015</b> Date of Birth <b>MARCH 15, 1953</b> Sex <b>FEMALE</b> Residence <b>138 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>				
	<i>Branch of military (most recent)</i> <b>—</b>				
	<i>Date entered (most recent)</i> <b>—</b>		<i>Date Discharged (most recent)</i> <b>—</b>	<i>Service Number (most recent)</i> <b>—</b>	
	<i>Certifier</i> <b>STACY N WEISBERG, MD</b> <i>Lic #</i> <b>213821</b> <i>Addr.</i> <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b> <i>Immediate Cause of Death</i> <b>PULMONARY EMBOLISM</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> <b>NANCY G MORRIS</b> <i>Lic #</i> <b>50277</b> <i>Facility</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> <i>Disposition Type</i> <b>BURIAL</b> <i>Date of Disposition</i> <b>SEPTEMBER 11, 2015</b> <i>Place/Address</i> <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<b>Endorsements</b>				
	<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i> <b>State Tracking #</b> <b>040379</b> <b>Date</b> <b>SEPTEMBER 07, 2015</b>		<i>Board of Health/Agent for: MARLBOROUGH</i> <i>Local Permit #</i> <b>E-PERMIT</b> <i>Date</i> <b>—</b> <i>Name of Agent</i> <b>—</b>	
		<i>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</i>			
<i>Place of Disposition (Facility Name and Address)</i> <b>RURAL Cemetery Southborough, MA. 01772</b>		<i>Signature</i> <i>X</i> <i>G. G. Moony III</i>			
<b>CONFIRMATION</b>	<i>Disposition Type</i> <b>Full Body</b>	<i>Date of Disposition</i> <b>9/11/2015</b>	<i>Name of Superintendent or Authorized Designee:</i> <b>G. G. Moony III</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000079136 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		
		State File #	2015 043740	
<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	Decedent Name <b>DUTTON, ELIZABETH GAZOULEAS</b> Place of Death <b>3 METACOMET LANE, SOUTHBOROUGH, MA</b> Date of Death <b>SEPTEMBER 28, 2015</b> Date of Birth <b>OCTOBER 27, 1962</b> Sex <b>FEMALE</b> Residence <b>3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) <b>---</b> Date entered (most recent) <b>---</b>			
<b>CERTIFIER</b>	Rank/organization/outfit (most recent) <b>---</b> Date Discharged (most recent) <b>---</b> Service Number (most recent) <b>---</b>			
	Certifier <b>JOHN G. KRIKORIAN, MD</b> Lic # <b>36428</b> Addr. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>			
	Immediate Cause of Death <b>METASTATIC BREAST CANCER</b>			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b> Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>SEPTEMBER 30, 2015</b> Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			
	<b>Endorsements</b>			
	<b>PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>043740</b> Date <b>SEPTEMBER 29, 2015</b>		
		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>15-16</b> Date <b>SEPTEMBER 29, 2015</b> Name of Agent <b>JAMES F. HEGARTY</b>		
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
<b>CONFIRMATION</b>	Place of Disposition (Facility Name and Address)		Signature  <i>X</i>	
	Disposition Type		Date of Disposition	
			Name of Superintendent or Authorized Designee:	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62357

 		<b>Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		
		State File #	2015 043740	
0000079136 Form R-309 07012014		RECEIVED TOWN OF SOUTHBOROUGH OFFICE 2015 OCT 26 A 6:38 SOUTHBOROUGH, MA mh		
<b>Information necessary for the Certificate of Death has been completed for:</b>				
DECEDENT	Decedent Name	DUTTON, ELIZABETH GAZOULEAS		
	Place of Death	3 METACOMET LANE, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 28, 2015	Date of Birth	OCTOBER 27, 1962
	Residence	3 METACOMET LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		Sex
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO			
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier JOHN G. KRIKORIAN, MD Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		Lic # 36428	
Immediate Cause of Death METASTATIC BREAST CANCER				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS		Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type CREMATION		Date of Disposition SEPTEMBER 30, 2015	
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			
<b>Endorsements</b>				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 043740		Local Permit # E-PERMIT	
	Date SEPTEMBER 29, 2015		Date	—
			Name of Agent	—
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Signature X 	
	Disposition Type Cremation	Date of Disposition OCT 02 2015	Name of Superintendent or Authorized Designee: John H Cobill	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

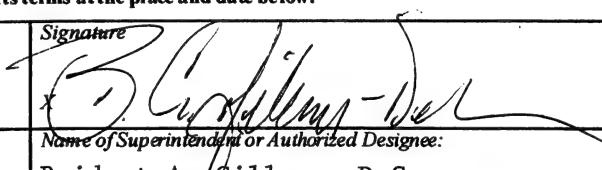
 0000080347		 <i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> <b>DISPOSITION, REMOVAL OR TRANSPORTATION</b> <b>PERMIT</b>		State File #	2015 044555	
Form R-309 07012014						
<b>Information necessary for the Certificate of Death has been completed for:</b>						
<b>DECEDENT</b>	Decedent Name <b>STODDARD, MARGARET PATRICIA</b> Place of Death <b>12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA</b> Date of Death <b>OCTOBER 04, 2015</b> Date of Birth <b>MARCH 16, 1937</b> Sex <b>FEMALE</b> Residence <b>16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>---</b>					
	<i>Rank/organization/outfit (most recent)</i> <b>---</b>					
	<i>Date entered (most recent)</i> <b>---</b>		<i>Date Discharged (most recent)</i> <b>---</b>	<i>Service Number (most recent)</i> <b>---</b>		
	<i>Certifier</i> <b>SHAHNAZ MONTAQUE, MD</b> <i>Lic #</i> <b>55438</b> <i>Addr.</i> <b>3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702</b>					
	<i>Immediate Cause of Death</i> <b>RESPIRATORY FAILURE</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>						
<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> <b>NANCY G MORRIS</b> <i>Lic #</i> <b>50277</b> <i>Facility</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> <i>Disposition Type</i> <b>BURIAL</b> <i>Date of Disposition</i> <b>OCTOBER 08, 2015</b> <i>Place/Address</i> <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	<b>Endorsements</b>					
	<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i> <b>State Tracking #</b> <b>044555</b> <b>Date</b> <b>OCTOBER 05, 2015</b>		<i>Board of Health/Agent for: SOUTHBOROUGH</i> <i>Local Permit #</i> <b>15-17</b> <i>Date</i> <b>OCTOBER 06, 2015</b> <i>Name of Agent</i> <b>JAMES F. HEGARTY</b>		
		<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
<i>Place of Disposition (Facility Name and Address)</i>    		<i>Signature</i>    <i>X</i>				
<b>CONFIRMATION</b>	<i>Disposition Type</i> <b>---</b>	<i>Date of Disposition</i> <b>---</b>	<i>Name of Superintendent or Authorized Designee:</i> <b>---</b>			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		<i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2015 044555</b> RECEIVED MASS. DEPT. OF PUBLIC HEALTH BUREAU OF VITAL RECORDS AND STATISTICS	
0000080347 Form R-309 07012014				2015 OCT - 9 A 8:18	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	<b>Decedent Name</b>	<b>STODDARD, MARGARET PATRICIA</b>			
	<b>Place of Death</b>	<b>12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA</b>			
	<b>Date of Death</b>	<b>OCTOBER 04, 2015</b>	<b>Date of Birth</b>	<b>MARCH 16, 1937</b>	
	<b>Residence</b>	<b>16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>—</b> <i>Date entered (most recent)</i> <b>—</b> <i>Date Discharged (most recent)</i> <b>—</b> <i>Rank/organization/outfit (most recent)</i> <b>—</b> <i>Service Number (most recent)</i> <b>—</b>				
<b>CERTIFIER</b>	<b>Certifier</b>	<b>SHAHNAZ MONTAQUE, MD</b>			
	<b>Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702</b>				<b>Lic # 55438</b>
	<i>Immediate Cause of Death</i> <b>RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i>	<b>NANCY G MORRIS</b>			
					<b>Lic # 50277</b>
	<b>Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	<i>Disposition Type</i> <b>BURIAL</b> <i>Date of Disposition</i> <b>OCTOBER 08, 2015</b> <i>Place/Address</i> <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>		
	<b>State Tracking #</b>	<b>044555</b>	<b>Local Permit #</b>	<b>E-PERMIT</b>	
	<b>Date</b>	<b>OCTOBER 05, 2015</b>	<b>Date</b>	<b>—</b>	
			<b>Name of Agent</b>	<b>—</b>	
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	<i>Place of Disposition (Facility Name and Address)</i> <b>Rural Cemetery 11 Cordaviile Rd., Southborough, MA Sec.C-West, Lot 47N, Grv#4</b>		<i>Signature</i> 		
	<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>		
<b>Full Earth Burial</b>	<b>October 8, 2015</b>	<b>Bridget A. Gilleney-DeCenzo</b>			

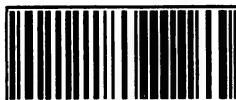
#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

62898



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

0000095048

Form R-309 07012014

State File #

2015 056402

**RECEIVED**  
**TOWN CLERK'S OFFICE**

2016 JAN 12 PM 12:41

<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	<b>Decedent Name</b>	<b>ZSCHOKKE, JENNIFER LYNN</b>		<b>SOUTHBOROUGH, MA</b>
	<b>Place of Death</b>	<b>5 NICHOLS STREET, SOUTHBOROUGH, MA</b>		
	<b>Date of Death</b>	<b>DECEMBER 18, 2015</b>	<b>Date of Birth</b>	<b>FEBRUARY 09, 1965</b>
	<b>Residence</b>	<b>5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>				
<i>Branch of military (most recent)</i> ---				
<i>Date entered (most recent)</i>		<i>Date Discharged (most recent)</i>	<i>Service Number (most recent)</i>	
---		---	---	
<b>CERTIFIER</b>	<b>Certifier LESLIE SCHWAB, MD</b>			<b>Lic # 43020</b>
	<b>Addr. 330 BAKER STREET, CONCORD, MASSACHUSETTS 01742</b>			
<i>Immediate Cause of Death</i> <b>BREAST CANCER, METASTATIC</b>				

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<b>Funeral Licensee/Designee JOHN PROWE</b>		<b>Lic # 5375</b>
	<b>Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS</b>		
	<b>Disposition Type CREMATION</b>		<b>Date of Disposition DECEMBER 23, 2015</b>
	<b>Place/Address</b> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		

**Endorsements**

<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>
	<b>State Tracking # 056402</b>		<b>Local Permit # 15-60</b>
	<b>Date DECEMBER 19, 2015</b>		<b>Date DECEMBER 21, 2015</b>
	<b>Name of Agent JAMES F. HEGARTY</b>		
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
<b>Place of Disposition (Facility/Address)</b> <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		<b>Signature</b> <i>John H. Cobell</i> X	
<b>Disposition Type</b>	<b>Date of Disposition</b>	<b>Name of Superintendent or Authorized Designee:</b>	
<b>cremation</b>	<b>DEC 23 2015</b>	<b>John H. Cobell</b>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000095048 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		
		State File #	2015 056402	
<b>Information necessary for the Certificate of Death has been completed for:</b>				
DECEDENT	Decedent Name	ZSCHOKKE, JENNIFER LYNN		
	Place of Death	5 NICHOLS STREET, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 18, 2015	Date of Birth	FEBRUARY 09, 1965
	Residence	5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
	Branch of military (most recent)	Rank/organization/outfit(most recent) ---		
Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent) ---		
CERTIFIER	Certifier <b>LESLIE SCHWAB, MD</b>		Lic # <b>43020</b>	
	Addr. <b>330 BAKER STREET, CONCORD, MASSACHUSETTS 01742</b>			
	Immediate Cause of Death <b>BREAST CANCER, METASTATIC</b>			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	Funeral Licensee/ Designee <b>JOHN PROWE</b>		Lic # <b>5375</b>	
	Facility. <b>JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>DECEMBER 23, 2015</b>	
	Place/Address	<b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
<b>Endorsements</b>				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>056402</b>		Local Permit # <b>15-60</b>	
	Date	<b>DECEMBER 19, 2015</b>	Date	<b>DECEMBER 21, 2015</b>
			Name of Agent	<b>JAMES F. HEGARTY</b>
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
	Place of Disposition (Facility Name and Address)		Signature  <i>X</i>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

0000092869

Form R-309 07012014

State File #

2015 054617

RECEIVED  
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 JAN -4 P 12:51

DECEDENT	Decedent Name	TRAKHT, NATAN ---		
	Place of Death	1 BUFFALO RUN, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 08, 2015	Date of Birth	SEPTEMBER 18, 1922
	Residence	1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---	
CERTIFIER	Certifier JANE BELKIN, NP			
	Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701			
	Immediate Cause of Death PNEUMONIA			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee GEORGE RODMAN			
	Facility. BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS			
	Disposition Type	BURIAL		
	Place/Address	Date of Disposition DECEMBER 09, 2015		
	QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	054617	Local Permit #	E-PERMIT
	Date	DECEMBER 08, 2015	Date	---
				Name of Agent ---
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) Quincy Hebrew Baker St. West Roxbury, MA		Signature X <i>Julynt Shepard</i>	
	Disposition Type Burial	Date of Disposition 12/9/15	Name of Superintendent or Authorized Designee: <i>Julynt Shepard</i>	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 054617

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	Decedent Name <b>TRAKHT , NATAN ---</b>		
	Place of Death <b>1 BUFFALO RUN, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 08, 2015</b>	Date of Birth <b>SEPTEMBER 18, 1922</b>	Sex <b>MALE</b>
	Residence <b>1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702</b>		
If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>			
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---
<b>CERTIFIER</b>	Certifier <b>JANE BELKIN, NP</b>		
	Addr. <b>74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	Immediate Cause of Death <b>PNEUMONIA</b>		

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>GEORGE RODMAN</b>		<b>Lic # 5349</b>
	Facility. <b>BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		<b>Date of Disposition DECEMBER 09, 2015</b>
	Place/Address <b>QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201</b>		

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics		<b>Board of Health/Agent for: SOUTHBOROUGH</b>
	State Tracking # <b>054617</b>		<b>Local Permit # 15-18</b>
	Date <b>DECEMBER 08, 2015</b>		<b>Date DECEMBER 08, 2015</b>
	Name of Agent <b>JAMES F. HEGARTY</b>		
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
Place of Disposition (Facility Name and Address)		Signature	
		<i>X</i>	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



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Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2015 056152

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	Decedent Name <b>BUZZELL, CLYDE WARREN</b>			
	Place of Death <b>51 SCHOOLSTREET, SOUTHBOROUGH, MA</b>			
	Date of Death <b>DECEMBER 16, 2015</b>	Date of Birth <b>NOVEMBER 30, 1942</b>	Sex <b>MALE</b>	
	Residence <b>51 SCHOOLSTREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>			
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>			
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---		
Date entered(most recent) <b>FEBRUARY 16, 1964</b>	Date Discharged (most recent) <b>FEBRUARY 16, 1970</b>	Service Number(most recent) ---		
<b>Certifier KEVIN B. MARTIN, MD</b>		Lic # <b>214152</b>		
Addr. <b>123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608</b>				
Immediate Cause of Death <b>RESPIRATORY FAILURE</b>				

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/Designee <b>NANCY G MORRIS</b>	Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>	
	Disposition Type <b>BURIAL</b>	Date of Disposition <b>DECEMBER 19, 2015</b>
	Place/Address <b>RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	

**Endorsements**

<b>PERMIT</b>	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>056152</b>	Local Permit # <b>05-19</b>
	Date <b>DECEMBER 17, 2015</b>	Date <b>DECEMBER 17, 2015</b>
	Name of Agent <b>JAMES F. HEGARTY</b>	
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
Place of Disposition (Facility Name and Address)		Signature <i>X</i>
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000094638

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2015 056152

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TOWN CLERK'S OFFICE

2015 DEC 21 P 3:14

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BUZZELL, CLYDE WARREN		SOUTHBOROUGH, MA		
	Place of Death	51 SCHOOLSTREET, SOUTHBOROUGH, MA				
	Date of Death	DECEMBER 16, 2015	Date of Birth	NOVEMBER 30, 1942	Sex	MALE
	Residence	51 SCHOOLSTREET, SOUTHBOROUGH, MASSACHUSETTS 01772				J.P.M.
If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM						
Branch of military (most recent) ---						
Date entered (most recent) FEBRUARY 16, 1964		Date Discharged (most recent) FEBRUARY 16, 1970	Rank/organization/outfit (most recent) ---			
Date Discharged (most recent) FEBRUARY 16, 1970		Service Number (most recent) ---				
CERTIFIER	Certifier KEVIN B. MARTIN, MD			Lic # 214152		
	Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608					
	Immediate Cause of Death RESPIRATORY FAILURE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL			Date of Disposition DECEMBER 19, 2015	
	Place/Address RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				

Endorsements						
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking #	056152	Local Permit #	E-PERMIT		
	Date	DECEMBER 17, 2015	Date	--		
Name of Agent					--	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. M, Grv#386			Signature 		
	Disposition Type Full Earth Burial	Date of Disposition December 19, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo			

## Acceptance of Permit

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